

**Report on HIV Partner Notification Activities
New York State Department of Health**

2002-2003

On June 1, 2000, the New York State Department of Health (NYSDOH) implemented the HIV Reporting and Partner Notification Law passed in 1998. The law enhanced the existing AIDS case reporting system by adding reporting of newly diagnosed cases of human immunodeficiency virus (HIV) infection, HIV-related illness and AIDS by health care providers and laboratories to the State Commissioner of Health. The law also mandated reporting of known contacts of persons with newly diagnosed HIV and AIDS to allow for the provision of partner notification assistance, and the conducting of a domestic violence screen to determine if such risk exists before proceeding with partner notification. The implementing regulations indicate that all newly diagnosed cases of HIV infection and any known contacts reported by physicians merit priority consideration for partner notification. This report covers information on the partner notification assistance provided during 2002 and 2003, and includes three-year comparison charts (2001 – 2003) for notification outcomes.

Program Activities/Methods:

Operationally, partner notification activities outside New York City are conducted by a combination of NYSDOH and county health department staff, with staff of the New York City Department of Health and Mental Hygiene (NYCDOHMH) conducting follow-up on New York City cases. In New York City, the NYCDOHMH Contact Notification Assistance Program (CNAP) conducts partner notification activities.

New York State cases residing outside of New York City (NYC) are referred for partner notification evaluation to the 13 participating county health commissioners and NYSDOH regional PartNer Assistance Program (PNAP) staff. In New York State outside NYC, provider reports and laboratory reports needing possible partner follow-up are distributed electronically from the NYSDOH central office using a confidential and secure tracking system. Reports are assigned to the county health department or NYSDOH regional office responsible for conducting partner notification.

PNAP staff, who are a mix of state and participating county staff, routinely contact the health care provider regarding reports of newly diagnosed HIV infection for the purpose of offering voluntary partner notification assistance even if the provider did not specifically request PNAP assistance. PNAP staff also contact the providers regarding reported cases of HIV illness and AIDS where the provider has listed known contacts or requests assistance. This is a consultation that enables the public health worker to confirm the diagnosis, update information about the index case (and partners' status), and to discuss information the physician has that may facilitate contacting the index case to discuss partners.

In addition to partner notification activities initiated through HIV reporting, there are a limited number of partner notification referrals which fall outside the reporting law. Examples include referrals from other states where a New York State partner has been identified, index cases who tested anonymously who later seek voluntary partner notification assistance from a local health department, or continuing partner notification requests for AIDS cases diagnosed before the law (and therefore not newly reportable).

Program Outcomes / Results:

Table 1 presents the cumulative three year trend data (2001-2003) for cases with any vs. no partner, to allow easy comparison across years. Statewide during both 2002 and 2003, about one in four (25% in 2002 and 27 % in 2003) of the HIV/AIDS cases reported included at least one identified partner by the time partner services follow-up was completed. The trend was slightly better for New York State outside New York City cases –where for 2002 and 2003 close to one-third of cases had at least one identified partner. The three-year statewide trend shows one-third of cases having identified at least one partner. The difference seen for New York State Outside NYC between 2001 and subsequent years is partially explained by the 2001 data being limited to cases reported on provider reports (the report type most likely to identify partners). Partner assistance follow-up with the reporting provider on laboratory reports (even where no provider report was received) was not routinely initiated until 2002.

Table 2 presents the number, source and initiation status of partners identified during 2002 and 2003. The 8% reduction in number of total partners identified in 2003 is a reflection of 14% fewer HIV/AIDS cases assigned for partner follow-up than in the previous year (2002). For both years, approximately two-thirds of these partners lived in New York City and one-third lived in New York State outside NYC. Statewide, the majority of partners (88% in 2002, 86% in 2003) were identified on provider report forms. This distribution is very different for New York City and for New York State outside New York City however, with the state/county PNAP program eliciting a higher proportion of additional partners—where close to one-third of the total partners were identified by PNAP staff interviews. Some partners have insufficient information to initiate for PNAP/CNAP follow-up because there was not enough valid identification information to make notification possible. A separate analysis of partners with insufficient information to initiate for PNAP for New York State outside New York City (data not shown in table) found that 88% of these were initially elicited by non-PNAP providers. Examples of insufficient information provided include just the first name and city of residence of a partner with no last name or locating information provided, or partners reported only with "anonymous" listed in the name field.

Tables 3a and 3b summarize the status of partner notification for partners identified on the provider report form at the time the provider report was submitted, i.e. for those cases whose partners were identified by providers. Statewide, close to half (55% in 2002 and 41% in 2003) of these partners were reported with a status indicating the notification had already been completed. This included confirmed notifications (provider performed the notification, confirmed that the patient completed the notification, or confirmed that the partner already knew his/her own HIV+ status) and unconfirmed notifications (patient states he/she has notified partner, patient states partner already aware of own HIV+ status). Trends were different for New York State outside NYC. New York City provider reports listed 65% of all partners as already notified in 2002 (47% in 2003), compared to provider reports for New York State outside NYC where only 28% of partners were listed as already notified in 2002 (26% in 2003) at the time of report.

Tables 4 (Statewide Notification Status of Partners) and 5 (NYC vs. NYS Outside NYC Notification Outcomes) present the outcomes for PNAP and CNAP initiated partners, and provide an opportunity to compare trends across years. As shown, 1,602 or 69% of all initiated partners were reported as having been notified in 2002 (68% of NYC partners and 73% of partners in New York State outside NYC) by the time all follow-up was completed. In 2003, 61% of all initiated partners were reported as having been notified (57% of NYC partners, and 73% of partners in New York State outside NYC). The type of notification was most often by the patient, or a situation where the partner already knew their own HIV+ status. Additional partners were notified by the Health Department in follow-up to a provider or lab report, or directly notified by the provider. New York State outside NYC had a much higher percentage of the health department notifications, and New York City reported higher levels of both patient notifications and cases where the partner already knows their own HIV+ status. Reasons some partners were either not notified or not confirmed as notified are also presented. Approximately one-third of initiated partners were not known to be notified (31% in 2002 and 39% in 2003). Two percent (2%) of notifications statewide were deferred because of domestic violence (DV) concerns. The DV protocol requires immediate referral to needed services and delineates a follow-up process to determine if and when the notification can safely occur.

Summary and Discussion:

In New York State for the period of 2002-2003, there were 2,897 sex or needle-sharing partners of persons with newly diagnosed HIV infection, HIV illness or AIDS known to be notified of their exposure. It is clear that partner notification can play an important role in helping identify people who are unaware of their HIV infection, and in helping them link to needed services and care. A relatively high percentage of notified partners are subsequently found to themselves be infected. For example, in New York State outside New York City, 18% of notified partners during 2002 (21 % in 2003) for whom subsequent HIV tests results were known were found to have a newly identified confirmed HIV positive test result (Source: NYSDOH HIV Prevention Cooperative Agreement Performance Indicators).

In 2003, the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH) and the HIV Medicine Association of the Infectious Diseases Society of America issued joint recommendations on “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV”. These included the recommendation that “all patients should be referred to the appropriate health department to discuss sex and needle-sharing partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing”¹. PNAP/CNAP referral is a voluntary process, except for required physician reporting of partners known to them, and there will inevitably be some patients who decline health department assistance. What is important is that all patients be given the opportunity to understand that the assistance is available and that they be provided easy access to these services.

¹Incorporating HIV Prevention into the Medical Care of Persons Living with HIV. Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. MMWR. July 18, 2003 / 52 (RR12); 1-24.

In the last several years, there has also been increased attention on research on effective partner notification strategies. In summarizing current knowledge in its 2004 guidance document CDC states: “Although some persons initially prefer to inform their partners themselves, many clients often find this more difficult than anticipated. Furthermore, notification by health department staff seems to be substantially more effective than notification by the infected person.”² It will be important to incorporate information about the relative effectiveness of different notification approaches into ongoing efforts to educate providers.

For New York State outside NYC, PNAP staff have begun to follow-up directly with providers upon receipt of the initial lab report, in order to offer their consultation early in the partner elicitation process. Within New York City, the health department has modified policies to allow referral of additional cases (those where the notification plan has not been finalized) to CNAP for follow up. All partners listed on the provider report form that list partner notification activities as being incomplete will now be referred to the NYCDOHMH CNAP Program for follow up, whether or not the provider requests assistance. Upon referral of these cases, personnel at CNAP will contact the provider and offer assistance with notification on those incomplete cases under their care. These expanded efforts are underway to ensure the intent of the 1998 legislation of offering needed partner notification assistance is fully realized.

² Centers for Disease Control and Prevention. Advancing HIV Prevention: Interim Technical Guidance for Selected Interventions. 2004, p. 32. Full document is available at: (www.cdc.gov/hiv/partners/AHP/AHPIntGuidfinal.pdf)

Table 1
Number of Cases With Any vs. No Partners ¹
Cumulative Trends 2001 to 2003

Number of partners per case	2001		2002		2003		Cumulative 2001 to 2003	
	N	%	N	%	N	%	N	%
New York State Total								
No partner	3,723	53 %	5,889	75 %	4,935	73 %	14,483	67 %
1 or more partner/s	3,316	47 %	1,993	25 %	1,851	27 %	7,167	33 %
Total	7,039		7,882		6,786		21,650	
New York City								
No partner	3,294	55 %	4,730	76 %	3,880	74 %	11,904	68 %
1 or more partner/s	2,714	45 %	1,454	24 %	1,333	26 %	5,501	32 %
Subtotal	6,008		6,184		5,213		17,405	
Rest of New York State								
No partner	429	42 %	1,121	67 %	1,029	66 %	2,579	61%
1 or more partner/s	602	58 %	540	33 %	524	34 %	1,666	39%
Subtotal	1,031		1,661		1,553		4,245	
1. Includes partners listed on provider reports and partners for cases identified with PNAP/ CNAP assistance in follow-up. PNAP assignments include some cases that may not be new HIV infection.								

Table 2
Number, Source, and Classification of Partners Identified 2002 and 2003

	2002	2003
New York State Total (NYC and NYS Outside NYC Combined)		
Partners listed on provider reports	2,324	2,083
Additional partners identified by health department ¹	306	346
Total partners initially listed/identified	2,630	2,429
Of identified partners, # initiated for PNAP/CNAP ²	2,320	2,107
New York State Outside New York City		
Partners listed on provider reports	672	537
Additional partners identified by health department ¹	244	242
Subtotal partners initially listed/identified	916	779
Of identified partners, # initiated (PNAP) ²	661	571
New York City		
Partners listed on provider reports	1,652	1,546
Additional partners identified by health department ¹	62	104
Subtotal partners initially listed/identified	1,714	1,650
Of identified partners, # initiated (CNAP) ²	1,659	1,536

¹ Includes additional unduplicated partners identified by health department staff in follow-up to provider or lab reports, and any partners referred by other jurisdictions (e.g., from other states, or between NYCDOHMH and NYSDOH) or through mechanisms outside HIV reporting.

² Some reported partners lacked sufficient information to initiate for partner follow-up (e.g., no name or partial name, unable to complete Domestic Violence screen, no address/ locating information). Total partners initiated is the number of partners identified minus partners with insufficient information to initiate for follow-up.

Table 3a
STATUS OF PARTNER NOTIFICATION AT TIME OF SUBMISSION OF
INITIAL HIV/AIDS PROVIDER REPORT FORM
2002

	Region					
Notification Status of Partner As Indicated by Provider on Provider Report:	New York State Outside NYC		New York City		Total New York State	
	Number	Percent	Number	Percent	Number	Percent
Notified by Provider	37	6 %	144	9 %	181	8 %
Provider Confirmed Patient Has Notified Partner	37	6 %	212	13 %	249	11 %
Provider Confirmed Partner Already Knows Own HIV+ Status	32	5 %	134	8 %	166	7 %
Patient States S/he Has Notified Partner (Unconfirmed)	53	8 %	340	21 %	393	17 %
Patient States Partner Already Knows Own HIV + Status (Unconfirmed)	31	4 %	241	15 %	272	12 %
Notification in Progress	42	6 %	115	7 %	157	7 %
Notification Plan Undetermined	56	8 %	156	9 %	212	9 %
Domestic Violence Risk	15	2 %	19	1 %	34	1 %
Other Mitigating Circumstances	6	1 %	188	11 %	194	8 %
Request CNAP/PNAP¹ Assistance	144	21 %	91	6 %	235	10%
Already Referred to PNAP/CNAP¹	4	-	2	-	6	-
Attempted, partner declined	1	-	-	-	1	-
Blank (No Status Noted)	214	32 %	10	1 %	224	10 %
TOTAL PARTNERS LISTED ON PROVIDER REPORTS	672	100 %	1,652	100 %	2,324	100 %

¹ The Contact Notification Assistance Program (CNAP) provides services in New York City; the PartNer Assistance Program (PNAP) provides services in New York State outside of New York City.

Table 3b
STATUS OF PARTNER NOTIFICATION AT TIME OF SUBMISSION OF
INITIAL HIV/AIDS PROVIDER REPORT FORM
2003

Notification Status of Partner As Indicated by Provider on Provider Report:	Region					
	New York State Outside NYC		New York City		Total New York State	
	Number	Percent	Number	Percent	Number	Percent
Notified by Provider	33	6 %	40	3 %	73	4 %
Provider Confirmed Patient Has Notified Partner	34	6 %	162	10 %	196	9 %
Provider Confirmed Partner Already Knows Own HIV+ Status	18	3 %	137	9 %	155	7 %
Patient States S/he Has Notified Partner (Unconfirmed)	31	6 %	203	13 %	234	11 %
Patient States Partner Already Knows Own HIV + Status (Unconfirmed)	21	4 %	179	12 %	200	10 %
Notification in Progress	26	5 %	115	7 %	141	7 %
Notification Plan Undetermined	29	5 %	191	12 %	220	11 %
Domestic Violence Risk	5	1 %	12	1 %	17	1 %
Other Mitigating Circumstances	9	2 %	214	14 %	223	11 %
Request CNAP/PNAP *Assistance	115	21 %	285	18 %	400	19 %
Already Referred to PNAP/CNAP¹	1	-	1	-	2	-
Attempted, partner declined	-	-	-	-	-	-
Blank (No Status Noted)	215	40%	7	-	222	11%
TOTAL PARTNERS LISTED ON PROVIDER REPORTS	537	100%	1,546	100%	2,083	100%

¹ The Contact Notification Assistance Program (CNAP) provides services in New York City; the PartNer Assistance Program (PNAP) provides services in New York State outside of New York City.

Table 4
Notification Status of Partners of HIV/AIDS Cases
New York State Total
(NYC and NYS Outside NYC Combined)
Cumulative Trends 2001 to 2003

	2001 ¹		2002		2003		Cumulative 2001 to 2003	
	N	%	N	%	N	%	N	%
New York State Total								
Notified by provider	140	4 %	189	8 %	192	9 %	521	6 %
Notified by patient	984	26 %	650	28 %	449	21 %	2,083	25 %
Partner already knows own HIV+ status	744	20 %	432	19 %	374	18 %	1,550	19 %
Notified by DOH	493	13 %	251	11 %	184	9 %	928	11 %
Other confirmed Notifications	129	3 %	80	3 %	96	5 %	305	4 %
Subtotal notified partners	(2, 490)	(66 %)	(1,602)	(69 %)	(1,295)	(61 %)	(5,387)	(66 %)
Provider attests notification in progress	113	3 %	271	12 %	306	15 %	690	8 %
Health Dept. follow-up in progress	73	2 %	26	1 %	76	4 %	175	2 %
Deferred - DV risk	79	2 %	42	2 %	25	1 %	146	2 %
Lost to follow-up	113	3 %	132	6 %	137	6 %	382	5 %
Other	925	24 %	247	11 %	268	13 %	1,440	18 %
Subtotal partners not known to be notified	(1,303)	(34 %)	(718)	(31 %)	(812)	(39 %)	(2,833)	(34 %)
Total New York State initiated partners	3, 793	100 %	2,320	100 %	2,107	100 %	8,220	100 %

¹ For data comparability, 2001 data have been adjusted to drop those contacts included in the initial data report that do not meet the CDC definition of a contact (262 total partners in NYS: 57 in NYC, 205 in Rest of New York State) due to insufficient information to initiate for Partner Counseling and Referral Services (PCRS). Subsequent year reports (2002, 2003) reports did not include these partners.

Table 5
Notification Status of Partners of HIV/AIDS Cases
Comparing NYC to New York State Outside NYC Outcomes
Cumulative Trends 2001 to 2003

	2001 ¹		2002		2003		Cumulative 2001 to 2003	
	N	%	N	%	N	%	N	%
New York City (CNAP)								
Notified by provider	64	2 %	144	9 %	133	9 %	341	6 %
Notified by patient	816	27 %	552	33 %	365	24 %	1,733	28 %
Partner already knows own HIV+ status	658	22 %	375	23 %	316	21 %	1,349	22 %
Notified by DOH	299	10 %	17	1 %	24	2 %	340	6 %
Other confirmed Notifications	54	2 %	33	2 %	40	3 %	127	2 %
Subtotal partners notified	(1,891)	(63 %)	(1,121)	(68%)	(878)	(57 %)	(3,890)	(63 %)
Provider attests notification in progress	113	4 %	271	16 %	306	20 %	690	11 %
Health Dept. follow-up in progress	70	2 %	24	2 %	68	4 %	162	3 %
Deferred – DV risk	47	2 %	19	1 %	12	1 %	78	1 %
Lost to follow-up	43	1 %	68	4 %	75	5 %	186	3 %
Other	814	27 %	156	9 %	197	13 %	1,167	19 %
Subtotal partners not known to be notified	(1,087)	(37 %)	(538)	(32 %)	(658)	(43 %)	(2,283)	(37 %)
Total New York City initiated partners	2,978	100 %	1,659	100 %	1,536	100 %	6,173	100 %
Rest of New York State (PNAP)								
Notified by provider	76	9 %	45	7 %	59	10 %	180	9 %
Notified by patient	168	21 %	98	15 %	84	15 %	350	17 %
Partner already knows own HIV+ status	86	11 %	57	9 %	58	10 %	201	10 %
Notified by DOH	194	24 %	234	35 %	160	28 %	588	29 %
Other confirmed Notifications	75	9 %	47	7 %	56	10 %	178	9 %
Subtotal partners notified	(599)	(73 %)	(481)	(73 %)	(417)	(73 %)	(1,497)	(73 %)
Provider attests notification in progress	-	-	-	-	-	-	-	-
Health Dept. follow-up in progress	3	-	2	-	8	1 %	13	1 %
Deferred – DV risk	32	4 %	23	3 %	13	2 %	68	3 %
Lost to follow-up	70	9 %	64	10 %	62	11 %	196	10 %
Other	111	14 %	91	14 %	71	12 %	273	13 %
Subtotal partners not known to be notified	(216)	(27%)	(180)	(27 %)	(154)	(27 %)	(550)	(27 %)
Total Rest of New York State initiated partners	815	100 %	661	100 %	571	100 %	2,047	100 %

¹ For data comparability, 2001 data have been adjusted to drop those contacts included in the initial data report that do not meet the CDC definition of a contact (262 total partners i NYS: 57 in NYC, 205 in Rest of New York State) due to insufficient information to initiate for Partner Counseling and Referral Services (PCRS). Subsequent year reports (2002, 2003) reports did not include these partners.